

# House Study Bill 161

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1 1 Section 1. NEW SECTION. 514C.23 ENTERAL FORMULAS ==  
1 2 COVERAGE.  
1 3 1. Except as provided in subsections 4 and 5, and  
1 4 notwithstanding the uniformity of treatment requirements of  
1 5 section 514C.6, a contract, policy, or plan providing for  
1 6 third-party payment or prepayment of health or medical  
1 7 expenses shall not exclude or restrict benefits for enteral  
1 8 formulas for home use for which a practitioner licensed by law  
1 9 to prescribe and administer prescription drugs has issued a  
1 10 written order, if such contract, policy, or plan provides  
1 11 benefits for other outpatient prescription drugs or devices.  
1 12 Such written order must state that the enteral formula is  
1 13 medically necessary for the patient.  
1 14 2. For purposes of this section, "enteral formula" means  
1 15 enteral formulas which have been proven effective for the  
1 16 treatment of inborn errors of metabolism with a dietary  
1 17 restriction, which if left untreated will cause  
1 18 malnourishment, chronic physical disability, mental  
1 19 retardation, or death. "Enteral formula" includes low-protein  
1 20 medical food and metabolic formula prescribed for persons  
1 21 diagnosed with inborn errors of metabolism with a dietary  
1 22 restriction. The commissioner, by rule, shall further define  
1 23 enteral formula.  
1 24 3. a. This section applies to the following classes of  
1 25 third-party payment provider contracts, policies, or plans  
1 26 delivered, issued for delivery, continued, or renewed in this  
1 27 state on or after January 1, 2008:  
1 28 (1) Individual or group accident and sickness insurance  
1 29 providing coverage on an expense-incurred basis.  
1 30 (2) Any individual or group hospital or medical service  
1 31 contract issued pursuant to chapter 509, 514, or 514A.  
1 32 (3) Any individual or group health maintenance  
1 33 organization contract regulated under chapter 514B.  
1 34 (4) A plan established pursuant to chapter 509A for public  
1 35 employees.  
2 1 (5) An organized delivery system licensed by the director  
2 2 of public health.  
2 3 b. This section shall not apply to accident-only,  
2 4 specified disease, short-term hospital or medical, hospital  
2 5 confinement indemnity, credit, dental, vision, Medicare  
2 6 supplement, long-term care, basic hospital and medical=  
2 7 surgical expense coverage as defined by the commissioner,  
2 8 disability income insurance coverage, coverage issued as a  
2 9 supplement to liability insurance, workers' compensation or  
2 10 similar insurance, or automobile medical payment insurance.  
2 11 4. An individual or group contract, policy, or plan  
2 12 subject to the requirements of this section shall not impose  
2 13 an annual deductible on enteral formula coverage benefits that  
2 14 is greater than two thousand five hundred dollars per year for  
2 15 each family covered and shall not impose an aggregate annual  
2 16 limit for enteral formula coverage benefits that is less than  
2 17 twelve thousand five hundred dollars per year for each family  
2 18 covered.  
2 19 5. An individual or group contract, policy, or plan  
2 20 subject to the requirements of this section shall provide, at  
2 21 a minimum, enteral formula coverage benefits to each male  
2 22 insured until that individual reaches the age of twenty-one  
2 23 years old or until that individual ceases to be enrolled as a  
2 24 full-time student, as defined in section 261.102, whichever  
2 25 occurs later, and shall provide, at a minimum, enteral formula  
2 26 coverage benefits to each female insured until that individual  
2 27 reaches the age of forty-five years old.  
2 28 Sec. 2. NEW SECTION. 514C.24 AUDIOLOGICAL SERVICES AND  
2 29 HEARING AIDS FOR CHILDREN == COVERAGE.  
2 30 1. Notwithstanding the uniformity of treatment  
2 31 requirements of section 514C.6, a contract, policy, or plan  
2 32 providing for third-party payment or prepayment of health or  
2 33 medical expenses shall provide minimum coverage benefits for  
2 34 audiological services and hearing aids for children, including  
2 35 but not limited to the following classes of third-party  
3 1 payment provider contracts, policies, or plans delivered,  
3 2 issued for delivery, continued, or renewed in this state on or

3 3 after January 1, 2008:  
3 4 a. Individual or group accident and sickness insurance  
3 5 providing coverage on an expense-incurred basis.  
3 6 b. An individual or group hospital or medical service  
3 7 contract issued pursuant to chapter 509, 514, or 514A.  
3 8 c. An individual or group health maintenance organization  
3 9 contract regulated under chapter 514B.  
3 10 d. An individual or group Medicare supplemental policy,  
3 11 unless coverage pursuant to such policy is preempted by  
3 12 federal law.  
3 13 e. A plan established pursuant to chapter 509A for public  
3 14 employees.  
3 15 2. This section shall not apply to accident-only,  
3 16 specified disease, short-term hospital or medical, hospital  
3 17 confinement indemnity, credit, dental, vision, long-term care,  
3 18 basic hospital and medical=surgical expense coverage as  
3 19 defined by the commissioner, disability income insurance  
3 20 coverage, coverage issued as a supplement to liability  
3 21 insurance, workers' compensation or similar insurance, or  
3 22 automobile medical payment insurance.  
3 23 3. As used in this section, "minimum coverage for  
3 24 audiological services and hearing aids for children" means  
3 25 coverage that includes at a minimum both of the following:  
3 26 a. Coverage for hearing aids that are prescribed, filled  
3 27 and dispensed by a licensed audiologist for children up to  
3 28 eighteen years of age.  
3 29 b. Coverage for an ear mold and a hearing aid for each  
3 30 hearing-impaired ear payable every twenty=four months for  
3 31 children up to eighteen years of age and coverage for up to  
3 32 four additional ear molds per year for children up to three  
3 33 years of age.  
3 34 4. The commissioner of insurance shall adopt rules  
3 35 pursuant to chapter 17A as necessary to administer this

4 1 section.  
4 2 Sec. 3. NEW SECTION. 514C.25 HUMAN PAPILOMA VIRUS  
4 3 VACCINATIONS == COVERAGE.

4 4 1. Notwithstanding the uniformity of treatment  
4 5 requirements of section 514C.6, a contract, policy, or plan  
4 6 providing for third-party payment or prepayment of health or  
4 7 medical expenses that provides coverage benefits for any  
4 8 vaccination or immunization shall provide coverage benefits  
4 9 for vaccinations for the human papilloma virus, to each female  
4 10 insured who is nine years of age or older until that  
4 11 individual reaches twenty=six years of age, including but not  
4 12 limited to the following classes of third-party payment  
4 13 provider contracts, policies, or plans delivered, issued for  
4 14 delivery, continued, or renewed in this state on or after  
4 15 January 1, 2008:

4 16 a. Individual or group accident and sickness insurance  
4 17 providing coverage on an expense-incurred basis.  
4 18 b. An individual or group hospital or medical service  
4 19 contract issued pursuant to chapter 509, 514, or 514A.  
4 20 c. An individual or group health maintenance organization  
4 21 contract regulated under chapter 514B.  
4 22 d. An individual or group Medicare supplemental policy,  
4 23 unless coverage pursuant to such policy is preempted by  
4 24 federal law.  
4 25 e. A plan established pursuant to chapter 509A for public  
4 26 employees.

4 27 2. This section shall not apply to accident only,  
4 28 specified disease, short-term hospital or medical, hospital  
4 29 confinement indemnity, credit, dental, vision, long-term care,  
4 30 basic hospital and medical=surgical expense coverage as  
4 31 defined by the commissioner, disability income insurance  
4 32 coverage, coverage issued as a supplement to liability  
4 33 insurance, workers' compensation or similar insurance, or  
4 34 automobile medical payment insurance.

4 35 3. As used in this section, "human papilloma virus" means  
5 1 the human papilloma virus as defined by the centers for  
5 2 disease control and prevention of the United States department  
5 3 of health and human services.

5 4 4. The commissioner of insurance shall adopt rules  
5 5 pursuant to chapter 17A as necessary to administer this  
5 6 section.

#### 5 7 EXPLANATION

5 8 This bill requires insurers offering certain individual or  
5 9 group health insurance contracts, policies, or plans in the  
5 10 state to provide coverage for certain enteral formulas,  
5 11 audiological services and hearing aids for children, and  
5 12 vaccinations for human papilloma virus.

5 13 The provisions of the bill are applicable to third-party

5 14 payment provider contracts, policies, or plans delivered,  
5 15 issued for delivery, continued, or renewed in this state on or  
5 16 after January 1, 2008.

5 17 The commissioner of insurance is required to adopt rules  
5 18 under Code chapter 17A to administer the provisions of the  
5 19 bill.

5 20 ENTERAL FORMULAS. New Code section 514C.23 requires  
5 21 specified individual and group health insurance contracts,  
5 22 policies, or plans that provide coverage for outpatient  
5 23 prescription drugs or devices to also provide coverage for  
5 24 certain enteral formulas that have been prescribed by a  
5 25 licensed medical practitioner for the treatment of inborn  
5 26 errors of metabolism with a dietary restriction which if left  
5 27 untreated will cause malnourishment, chronic physical  
5 28 disability, mental retardation, or death.

5 29 The bill prohibits imposition of an annual deductible on  
5 30 enteral formula coverage benefits that exceeds \$2,500 per year  
5 31 for each family covered or an aggregate annual limit for such  
5 32 benefits that is less than \$12,500 per year for each family.

5 33 The bill requires that the benefits must be provided, at a  
5 34 minimum, to each male insured until that individual reaches 21  
5 35 years of age or ceases to be enrolled as a full-time student,  
6 1 whichever occurs later, and to each female insured until that  
6 2 individual reaches the age of 45.

6 3 AUDIOLOGICAL SERVICES AND HEARING AIDS FOR CHILDREN. New  
6 4 Code section 514C.24 requires specified individual and group  
6 5 health insurance contracts, policies, or plans that provide  
6 6 coverage for third-party payment or prepayment of health or  
6 7 medical expenses to provide minimum coverage for audiological  
6 8 services and hearing aids for children.

6 9 The bill provides that "minimum coverage for audiological  
6 10 services and hearing aids for children" must include, at a  
6 11 minimum, coverage for hearing aids that are prescribed,  
6 12 filled, and dispensed by a licensed audiologist for children  
6 13 up to 18 years of age, coverage for an ear mold and a hearing  
6 14 aid for each hearing-impaired ear payable every 24 months for  
6 15 children up to 18 years of age, and coverage for up to four  
6 16 additional ear molds per year for children up to three years  
6 17 of age.

6 18 HUMAN PAPILLOMA VIRUS VACCINATIONS. New Code section  
6 19 514C.25 requires specified individual and group health  
6 20 insurance contracts, policies, or plans that provide coverage  
6 21 of any vaccinations or immunizations to provide coverage of  
6 22 vaccinations for the human papilloma virus to each female  
6 23 insured who is nine years of age until that individual reaches  
6 24 26 years of age.

6 25 The bill defines "human papilloma virus" to mean the human  
6 26 papilloma virus as defined by the centers for disease control  
6 27 and prevention of the United States department of health and  
6 28 human services.

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